

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEES TRANSMITTAL For FY 2008		Application Number	10/26,489-Conf. #1356
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 16, 2004
<input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$ 210.00)		First Named Inventor	Allen L. D'ambra
		Examiner Name	H. D. Wilkins
		Art Unit	1795
		Attorney Docket No.	APPM/008303/ECP/ECP/MDG

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:	50-1074	Deposit Account Name: Applied Materials, Inc.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
	- 20 =	x	=			
	HP = highest number of total claims paid for, if greater than 20.					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
4	- 3 = 1	x 210.00 =	210.00			
	HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

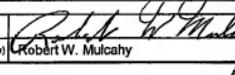
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(j) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	=

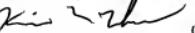
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No. (Name/Agency)	25,436	Telephone	(713) 623-4844
Signature		Name (Print/Type)	Robert W. Mulcahy	Date	September 10, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 9/10/08Signature:  (Keith M. Tackett)

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

COPIED		Complete if Known	
Effective on 12/06/2004. Fee pursuant to the Consolidated Appropriations Act, 2005.		Application Number	10/826,489-Conf. #1356
FEES TRANSMITTAL For FY 2008		Filing Date	April 16, 2004
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Allen L. D'ambra
TOTAL AMOUNT OF PAYMENT (\$ 210.00)		Examiner Name	H. D. Wilkins
		Art Unit	1795
		Attorney Docket No.	APPM/008303/ECP/ECP/MDG

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 50-1074		Deposit Account Name: Applied Materials, Inc.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		210	105
Multiple dependent claims		370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
	- 20 =	x	=	
HP = highest number of total claims paid for, if greater than 20.				

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
4	- 3 = 1	x 210.00	= 210.00		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

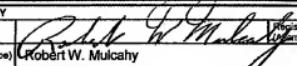
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 = (round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY		Signature: 	Registration No. (Attorney/Agent)	25,436	Telephone	(713) 623-4844
Name (Print/Type)	Robert W. Mulcahy				Date	September 10, 2008

I hereby certify that this paper (along with any paper referred to as being attached thereto or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Dated: 9/10/08

Signature: 

(Keith M. Tackett)